## PART B - FEE(S) TRANSMITTAL

| Complete and mail this form, toge  | ther with ap   | plicable fee(s   | ) to: Mail<br><u>Fax</u>  | Commi<br>P.O. Bo<br>Alexan                             | op ISSUE FEE<br>ssioner for Patents<br>x 1450<br>dria, VA 22313-1450<br>/3-2885   |                       |                   |                       |
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| INSTRUCTIONS: This form should be us<br>All further correspondence including the F<br>corrected below or directed otherwise in<br>notifications.   | Patent, advance  | orders and notifi  | ication of mainten  | ance fees  | will be mailed to the curren  | nt correspon          | ndence address    | as indicated unless   |
| CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)  22204 7590 09/19/2011  NIXON PEABODY LLP 401 9 <sup>TH</sup> STREET, N.W. SUITE 900 WASHINGTON, D.C. 20004-2128  |  |  |   |  | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawings, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at, on |                       |                   |                       |
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|  |  |  |   |  |   |                       |                   | (Signature)<br>(Date) |
| APPLICATION NO. FILING DATE  |  | FIRST NAMED INVENTOR   |   |  | ATTORNEY DOCKI  | CONFIRMATION NO.      |                   |                       |
| 10/574,829 04/06/2006  |  | Shunpei YAMAZAKI   |   |  | 740756-2950   | 3691                  |                   |                       |
| TITLE OF INVENTION: LIQUID CRYSTAL DISPLAY DEVICE AND METHOD FOR MANUFACTURING THE SAME, AND LIQUID CRYSTAL TELEVISION RECEIVER  |  |  |   |  |   |                       |                   |                       |
| APPLN. TYPE. SMALL ENTITY  | ISSUE FEE  | DUE PUBLI  | ICATION FEE DU  | JE   | PREV. PAID ISSUE FEE  | TOTAL                 | FEE(S) DUE        | DATE DUE              |
| nonprovisional NO  | \$230  |  | \$0   |  | \$1510  | \$2                   | 230               | 12/19/2011            |
| EXAMINER ART UNIT CLASS-SUBCLASS   |  |  |   |  |   |                       |                   |                       |
| RAO, SHRINIVAS H 2814 438-121000  1. Change of correspondence address or indication of "Fee Address" 2 For printing on the patent front page, list (1) the names of up to  |  |  |   |  |   |                       |                   |                       |
| (37 CFR 1.363)  ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  ☐ "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  |  |  | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |  |   | y, (2) the ttorney or |                   |                       |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY & STATE OR COUNTRY)  Semiconductor Energy Laboratory Co., Ltd.  Kanagawa-ken, Japan  Please check the appropriate assignee category or categories (will not be printed on the patent) |  |  |   |  |   |                       |                   |                       |
| 4a. The following fee(s) are enclosed:  □ Issue Fee □ Publication Fee □ Publication Fee □ A check in the amount of the fee(s) is enclosed. □ Payment by credit card. Form PTO-2038 is attached. □ Payment by credit card. Form PTO-2038 is attached. □ Payment by credit card. Form PTO-2038 is attached. □ The Commissioner is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-2380 (enclose an extra copy of this form).  |  |  |   |  |   |                       |                   |                       |
| Commissioner for Patents is requested to su  | pply the Issue F   | ee and Publication   | n Fee (if any) or to  | re-apply   | any previously paid issue fee t   | o the applic          | cation identified | above.                |
| (Authorized Signature) /Jeffrey L. C (Typed or Printed Name) Jeffre  | (Date) December  | : 19, 20   | 11  |  |   |                       |                   |                       |
| NOTE: The issue Fee and Publication Fee (applicant; a registered attorney or agent; or the United States Patent and Trademark Office.  | he assignee or o   | other party in inter   | est as shown by th  | ie records   |   |                       |                   |                       |
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